

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-c

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 	Applicant Identifier 																																																								
5. APPLICANT INFORMATION Legal Name: Columbia River Inter-Tribal Fish Commission Address (give city, county, State, and zip code): 729 NE Oregon, Ste 200 Portland, OR 97232		3. DATE RECEIVED BY STATE 																																																									
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 93 - 0695227		4. DATE RECEIVED BY FEDERAL AGENCY 																																																									
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): 		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div style="width: 45%;"> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ </div> </div> <div style="text-align: right; margin-top: -20px;"><input checked="" type="checkbox"/> K</div>																																																									
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE: 66 - 926		9. NAME OF FEDERAL AGENCY: U.S. Environmental Protection Agency																																																									
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Oregon, Washington, Idaho		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Watershed Restoration Support Development Program																																																									
13. PROPOSED PROJECT Start Date: 10/1/03 Ending Date: 9/30/04		14. CONGRESSIONAL DISTRICTS OF: a. Applicant: Oregon, District 3 b. Project: Oregon, Washington, Idaho																																																									
15. ESTIMATED FUNDING: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">a. Federal</td> <td style="width:10%;">\$</td> <td style="width:10%; text-align: right;">.00</td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td></td> <td style="text-align: right;">110,000</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>c. State</td> <td>\$</td> <td></td> <td style="text-align: right;">.00</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td></td> <td style="text-align: right;">.00</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td></td> <td style="text-align: right;">.00</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> <td style="text-align: right;">.00</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td></td> <td style="text-align: right;">110,000</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		a. Federal	\$.00						b. Applicant	\$		110,000					c. State	\$.00					d. Local	\$.00					e. Other	\$.00					f. Program Income	\$.00					g. TOTAL	\$		110,000					16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal	\$.00																																																									
b. Applicant	\$		110,000																																																								
c. State	\$.00																																																								
d. Local	\$.00																																																								
e. Other	\$.00																																																								
f. Program Income	\$.00																																																								
g. TOTAL	\$		110,000																																																								
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No																																																									
a. Type Name of Authorized Representative Donald Sampson		b. Title Executive Director																																																									
c. Telephone Number (503) 238-0667		e. Date Signed 2/7/03																																																									
d. Signature of Authorized Representative 		f. Date Signed 2/7/03																																																									

Previous Edition Usable
Authorized for Local Reproduction

Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102

INSTRUCTIONS FOR THE SF-424

Public reporting burden for this collection of information is estimated to average 45 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0043), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

This is a standard form used by applicants as a required facesheet for preapplications and applications submitted for Federal assistance. It will be used by Federal agencies to obtain applicant certification that States which have established a review and comment procedure in response to Executive Order 12372 and have selected the program to be included in their process, have been given an opportunity to review the applicant's submission.

- | Item: | Entry: |
|-------|--------|
|-------|--------|
1. Self-explanatory.
 2. Date application submitted to Federal agency (or State if applicable) and applicant's control number (if applicable).
 3. State use only (if applicable).
 4. If this application is to continue or revise an existing award, enter present Federal identifier number. If for a new project, leave blank.
 5. Legal name of applicant, name of primary organizational unit which will undertake the assistance activity, complete address of the applicant, and name and telephone number of the person to contact on matters related to this application.
 6. Enter Employer Identification Number (EIN) as assigned by the Internal Revenue Service.
 7. Enter the appropriate letter in the space provided.
 8. Check appropriate box and enter appropriate letter(s) in the space(s) provided:
 - "New" means a new assistance award.
 - "Continuation" means an extension for an additional funding/budget period for a project with a projected completion date.
 - "Revision" means any change in the Federal Government's financial obligation or contingent liability from an existing obligation.
 9. Name of Federal agency from which assistance is being requested with this application.
 10. Use the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested.
 11. Enter a brief descriptive title of the project. If more than one program is involved, you should append an explanation on a separate sheet. If appropriate (e.g., construction or real property projects), attach a map showing project location. For preapplications, use a separate sheet to provide a summary description of this project.

12. List only the largest political entities affected (e.g., State, counties, cities).
 13. Self-explanatory.
 14. List the applicant's Congressional District and any District(s) affected by the program or project.
 15. Amount requested or to be contributed during the first funding/budget period by each contributor. Value of in-kind contributions should be included on appropriate lines as applicable. If the action will result in a dollar change to an existing award, indicate only the amount of the change. For decreases, enclose the amounts in parentheses. If both basic and supplemental amounts are included, show breakdown on an attached sheet. For multiple program funding, use totals and show breakdown using same categories as item 15.
 16. Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.
 17. This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans and taxes.
 18. To be signed by the authorized representative of the applicant. A copy of the governing body's authorization for you to sign this application as official representative must be on file in the applicant's office. (Certain Federal agencies may require that this authorization be submitted as part of the application.)

SECTION C - NON-FEDERAL RESOURCES				
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS
8. GAP	\$ 90,000	\$	\$	\$ 90,000
9.				
10.				
11.				
12. TOTAL (sum of lines 8-11)	\$	\$	\$	\$ 90,000

SECTION D - FORECASTED CASH NEEDS					
	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	\$	\$	\$	\$	\$
14. Non-Federal					
15. TOTAL (sum of lines 13 and 14)	\$	\$	\$	\$	\$

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT				
(a) Grant Program	FUTURE FUNDING PERIODS (Years)			
	(b) First	(c) Second	(d) Third	(e) Fourth
16.	\$	\$	\$	\$
17.				
18.				
19.				
20. TOTAL (sum of lines 16-19)	\$	\$	\$	\$

SECTION F - OTHER BUDGET INFORMATION	
21. Direct Charges: \$ 80,942	22. Indirect Charges: \$ 29,058
23. Remarks:	

BUDGET INFORMATION - Non-Construction Programs

OMB Approval No. 0348-0044

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. GAP		\$ 110,000	\$	\$	\$	\$ 110,000
2.						
3.						
4.						
5. Totals		\$	\$	\$	\$	\$

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1)	(2)	(3)	(4)	
a. Personnel	\$ 56,362	\$	\$	\$	\$ 56,362
b. Fringe Benefits	17,754				17,754
c. Travel	6,446				6,446
d. Equipment					
e. Supplies	380				380
f. Contractual					
g. Construction					
h. Other					
i. Total Direct Charges (sum of 6a-6h)	80,942				80,942
j. Indirect Charges	29,058				29,058
k. TOTALS (sum of 6i and 6j)	\$ 110,000	\$	\$	\$	\$ 110,000
7. Program Income	\$	\$	\$	\$	\$

Authorized for Local Reproduction

Standard Form 424A (Rev. 7-97)
Prescribed by OMB Circular A-102

Previous Edition Usable